



# U.S. Department of Veterans Affairs Veterans Benefits Administration

## SURVEY OF VETERANS SATISFACTION with the VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

Thank you for your help with this important project. This booklet contains questions about your recent experience with VA's Vocational Rehabilitation and Employment (VR&E) Program. Please base your answers only on your most recent experience with this program (Chapter 31).

Please read and answer the following question first.

According to their records, VA shows that you are currently participating in VA's Vocational Rehabilitation and Employment Program (VR&E), OR have participated in the past. Is this true?

- ☐ No (STOP. You do not have to complete the rest of this questionnaire, but please return the questionnaire in the enclosed postage-paid envelope.)
- ☐ Yes (Continue on to the next question.)

According to their records, VA shows that you are in the TRAINING and EDUCATION phase of your program, OR have recently completed this phase. Is this true?

- ☐ No (STOP. You do not have to complete the rest of this questionnaire, but please return the questionnaire in the enclosed postage-paid envelope.)
- ☐ Yes (Continue to instructions on the next page of the booklet, complete the rest of the questionnaire as soon as possible, and mail it in the enclosed postage-paid envelope.)

Again, we thank you for helping VA provide better service to veterans.

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

R



## INSTRUCTIONS

**This survey will take about 20 minutes to complete.**

Please read each question carefully and respond by filling in the circle of the response that most closely represents your opinion.

**Correct Mark**



**Incorrect Mark**



- ❶ Use a soft lead pencil. Make heavy dark marks that fill the circles completely. If you wish to change an answer, erase cleanly (pencil) and mark the answer you prefer.**
- ❷ Fill in only one answer circle for each question unless it tells you to "*Mark all that apply.*"**
- ❸ When you are finished, please place the questionnaire in the enclosed postage-paid envelope and put it in the mail.**

### Example:

**34. Were you generally able to get the information you needed on the first call or contact?**

- ☒ Yes  
☐ No

**Please watch for "SKIP" instructions -- they tell you when to skip over a group of questions that you do not need to answer.**

### OMB Control Number: 2900-0569 Public Reporting Burden Statement

VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses for this collection are voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is intended for the improvement of services within the VA benefits processing system and associated administrative purposes. Failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA benefits processing system and associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

## BACKGROUND INFORMATION ABOUT YOUR VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

1. How long has it been since you developed a vocational plan of services with your counselor?

- ☐ Less than 6 months
- ☐ 7 months to 1 year
- ☐ More than 1 year to 2 years
- ☐ More than 2 years to 3 years
- ☐ More than 3 years to 4 years
- ☐ More than 4 years
- ☐ Not sure
- ☐ Never developed a rehabilitation plan  
(SKIP to Q3)

2. How satisfied are you with the occupational/vocational goal you and your counselor selected?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

3. Do (Did) you have a vocational rehabilitation specialist or counselor assigned to you during the training or educational phase of your program?

- ☐ Yes (CONTINUE with Q4)
- ☐ No (SKIP to Q8)
- ☐ Don't know (SKIP to Q8)

4. Who is (was) your primary specialist or counselor assigned during this rehabilitation phase?

- ☐ A VA staff counselor
- ☐ A counselor under contract with VA
- ☐ Don't know

5. Is this the same counselor who prepared your plan of services?

- ☐ Yes
- ☐ No
- ☐ Don't know

## KNOWLEDGE AND USE OF VOCATIONAL REHABILITATION SERVICES

6. How completely did your counselor explain all the benefits and services available to you during your rehabilitation program?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

7. Which of the following types of counseling or referrals has your counselor provided? (Mark all that apply.)

- ☐ Assistance in enrolling in an educational/training program
- ☐ Career counseling
- ☐ Personal counseling
- ☐ Financial counseling
- ☐ General support and encouragement
- ☐ Problem solving techniques
- ☐ Referral to medical services
- ☐ Referral to dental services
- ☐ Referral to optical (eye) services
- ☐ Referral to other counseling program
- ☐ Referral to Veteran Service Organizations (for example the American Legion or DAV)
- ☐ None

8. Which of the following benefits have you received during your rehabilitation program? (Mark all that apply.)

- ☐ Tuition
- ☐ Subsistence allowance
- ☐ Books
- ☐ Supplies
- ☐ Computer equipment/software
- ☐ Medical services
- ☐ Dental services
- ☐ Optical (eye) services
- ☐ Tutoring
- ☐ Loans
- ☐ None

63  
62  
61  
60  
59  
58  
57  
56  
55  
54  
53  
52  
51  
50  
49  
48  
47  
46  
45  
44  
43  
42  
41  
40  
39  
38  
37  
36  
35  
34  
33  
32  
31  
30  
29  
28  
27  
26  
25  
24  
23  
22  
21  
20  
19  
18  
17  
16  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

Please answer the following questions in reference to your current or most recent experience with the VR&E program. Even if you are not currently participating in the program, please answer based on your most recent experience.

9. Which of the following benefits would you have liked to receive during your rehabilitation program, but did not? (Mark all that apply.)

- ☐ Tuition
- ☐ Subsistence allowance
- ☐ Books
- ☐ Supplies
- ☐ Computer equipment/software
- ☐ Medical services
- ☐ Dental services
- ☐ Optical (eye) services
- ☐ Tutoring
- ☐ Loans
- ☐ None

10. Have you found anything to be difficult about obtaining any of the benefits?

- ☐ Yes (CONTINUE with Q11)
- ☐ No (SKIP to Q12)
- ☐ Don't know (SKIP to Q12)

11. What specifically do you find to be difficult about obtaining any of these benefits? (Mark all that apply.)

- ☐ Don't know what benefits are available
- ☐ Payments do not arrive when needed
- ☐ Payments are incorrect
- ☐ Counselor not responsive to needs
- ☐ Supplies/services not available when needed
- ☐ Too much red tape to obtain supplies/services
- ☐ Supplies/services of poor quality
- ☐ Supplies/services inadequate

12. Have you ever had to borrow or pay out-of-pocket expenses in order to ENROLL or stay enrolled in training or education BECAUSE VA DID NOT PROVIDE PAYMENTS ON TIME?

- ☐ Yes
- ☐ No

13. Have you ever had to borrow or pay out-of-pocket expenses in order to obtain needed SUPPLIES or benefits BECAUSE VA DID NOT PROVIDE THEM WHEN NEEDED?

- ☐ Yes
- ☐ No

RELATIONSHIP WITH YOUR COUNSELOR

14. Have you had the same counselor since you developed your vocational rehabilitation plan for services?

- ☐ Yes
- ☐ No
- ☐ Don't know

15. Do you have a clear understanding of the respective responsibilities and obligations of yourself and your counselor?

- ☐ Yes
- ☐ No
- ☐ Don't know

CONTINUE WITH NEXT PAGE



By filling in the appropriate circle, please indicate whether you Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, or Strongly Disagree with the following statements regarding your counselor:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
16. Your counselor gives you good information and advice.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Your counselor is knowledgeable regarding VA's vocational rehabilitation program. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Your counselor has provided assistance according to your individual needs. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. When your counselor makes a decision regarding your program, the reason for the decision is clearly explained.. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Your counselor shows a caring and compassionate attitude toward you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Your counselor shows genuine interest in your progress. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Your counselor has a communication style that is easy to understand.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Your counselor is responsive to your needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Your counselor listens to your feelings and concerns. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Your counselor is available when needed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions in reference to your current or most recent experience with the VR&E program. Even if you are not currently participating in the program, please answer based on your most recent experience.

## CONTACT WITH YOUR COUNSELOR

26. Do you have scheduled in-person meetings with your counselor?

- ☐ Yes (CONTINUE with Q27)  
☐ No (SKIP to Q31)

27. Are the number and length of these sessions adequate to meet your counseling needs?

- ☐ Yes  
☐ No, too little contact with counselor  
☐ No, too much contact with counselor

28. In general, how much of what you NEEDED TO KNOW did you get from these meetings?

- ☐ All  
☐ Most  
☐ Some  
☐ Little  
☐ None

29. How convenient is the LOCATION where these meetings are held?

- ☐ Very convenient  
☐ Somewhat convenient  
☐ Neither convenient nor inconvenient  
☐ Somewhat inconvenient  
☐ Very inconvenient

30. In general, how convenient is the TIME scheduled for these meetings?

- ☐ Very convenient  
☐ Somewhat convenient  
☐ Neither convenient nor inconvenient  
☐ Somewhat inconvenient  
☐ Very inconvenient

31. Aside from scheduled visits, what is the PRIMARY method you use to contact your counselor? (Mark only one.)

- ☐ Phone, 1-800 number  
☐ Phone, long-distance number  
☐ Phone, local number  
☐ Fax  
☐ E-mail (computer)  
☐ Letter  
☐ Unannounced visit  
☐ Did not need additional communication (SKIP to Q36, page 5)

32. How responsive was your counselor to your contact through this method?

- ☐ Very responsive  
☐ Somewhat responsive  
☐ Neither responsive nor unresponsive  
☐ Somewhat unresponsive  
☐ Very unresponsive

33. In general, how much of what you NEEDED TO KNOW did you get from this method of contact?

- ☐ All  
☐ Most  
☐ Some  
☐ Little  
☐ None

34. Were you generally able to get the information you needed on the first call or contact?

- ☐ Yes  
☐ No

35. Were you able to access voice mail in order to leave your counselor a message?

- ☐ Yes, counselor returned call  
☐ Yes, counselor did not return call  
☐ No, wasn't able to access voice mail  
☐ Never tried

36. Does your counselor fully address all your questions, concerns, or complaints?

- ☐ Yes
- ☐ No
- ☐ Did not have any

## EMPLOYMENT SERVICES

37. Which of the following types of employment services did you need? (Mark all that apply.)

- ☐ Resume preparation or development
- ☐ Interview skills
- ☐ Help in obtaining licenses or certificates
- ☐ Job hunting strategies
- ☐ Grooming/personal appearance tips
- ☐ Setting up informational interviews with prospective employers
- ☐ Didn't need any of the above from counselor

38. Which of the following types of employment services have you been provided? (Mark all that apply.)

- ☐ Resume preparation or development
- ☐ Interview skills
- ☐ Help in obtaining licenses or certificates
- ☐ Job hunting strategies
- ☐ Grooming/personal appearance tips
- ☐ Setting up informational interviews with prospective employers
- ☐ None

39. From which, if any, of the following have you received employment services? (Mark all that apply.)

- ☐ Vocational rehabilitation counselor
- ☐ Employment specialist
- ☐ A Disabled Veterans Outreach Program (DVOP) counselor
- ☐ Other, please specify \_\_\_\_\_
- ☐ No employment services received  
(SKIP to Q45, page 6)

40. Your counselor/specialist(s) are knowledgeable regarding employment markets.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

41. Your counselor/specialist(s) understand your occupational/vocational goals.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

42. Your counselor/specialist(s) help you focus on your employment goal.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

43. Your counselor/specialist(s) are concerned about the quality of your job placement.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable



Please answer the following questions in reference to your current or most recent experience with the VR&E program. Even if you are not currently participating in the program, please answer based on your most recent experience.

44. How satisfied are you with the employment services you've received during your program?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

ACCESS TO THE VR&E PROGRAM

45. Looking back to your contacts with the VR&E program thus far, which methods of contact did you EVER use? (Mark all that apply.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

46. In general, how easy was it for you to obtain information from the VR&E program?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

47. Which method of contact with the VR&E program would you prefer, if you could get the same degree of service? (Mark only one.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

CURRENT STATUS IN THE VR&E PROGRAM

48. How would you best describe your CURRENT status with regard to the VA VR&E program? (Mark only one.)

- ☐ VA requested I interrupt program  
(CONTINUE with Q49)
- ☐ VA requested I withdraw from program  
(CONTINUE with Q49)
- ☐ I voluntarily interrupted program  
(SKIP to Q50)
- ☐ I voluntarily withdrew from program  
(SKIP to Q50)
- ☐ I am currently pursuing program, still in training/education phase  
(SKIP to Q51, page 7)
- ☐ I am currently pursuing program, completed training/education phase  
(SKIP to Q51, page 7)

49. Did VA tell you the reasons why you were interrupted or withdrawn from the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

50. Why did you interrupt or withdraw from the training or education phase of your plan? (Mark all that apply.)

- ☐ Medical problems
- ☐ Disability
- ☐ Financial difficulties
- ☐ Took a job
- ☐ VA requested that I interrupt or withdraw from program
- ☐ Lost interest
- ☐ Transportation problems
- ☐ Schools/classes were too far away
- ☐ Program/classes were too difficult
- ☐ Moved/planning to move
- ☐ Family responsibilities/difficulties
- ☐ Didn't think the training or education would meet my needs
- ☐ Problems with counselor
- ☐ Too much red tape with VR&E program
- ☐ Could not see training or education leading to future employment
- ☐ Summer/semester break



51. Do you plan to complete your rehabilitation program now or at a later date?

- ☐ Yes, now
- ☐ Yes, at a later date
- ☐ No
- ☐ Not sure

### OVERALL IMPRESSIONS

52. Do you feel that the VA Vocational Rehabilitation Program has treated you as an individual, not just a case to be managed?

- ☐ Yes, an individual
- ☐ No
- ☐ Don't know

53. Overall, has the REHABILITATION process reflected the courtesy, compassion, and respect you would expect as a veteran of the United States?

- ☐ Yes
- ☐ No

54. Thus far, how well has the program met your EXPECTATIONS?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ Just as expected
- ☐ Worse than expected
- ☐ Much worse than expected
- ☐ Don't know

55. Thus far, how well has the program met your training or educational NEEDS?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ Just as expected
- ☐ Worse than expected
- ☐ Much worse than expected
- ☐ Don't know

56. Have your EDUCATIONAL goals been raised, lowered, or unaffected as a result of your interaction with the VR&E program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

57. Are your educational goals more realistic as a result of the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

58. Have your CAREER goals been raised, lowered, or unaffected as a result of your interaction with the VR&E program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

63  
62  
61  
60  
59  
58  
57  
56  
55  
54  
53  
52  
51  
50  
49  
48  
47  
46  
45  
44  
43  
42  
41  
40  
39  
38  
37  
36  
35  
34  
33  
32  
31  
30  
29  
28  
27  
26  
25  
24  
23  
22  
21  
20  
19  
18  
17  
16  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

59. Are your career goals more realistic as a result of this program?

- ☐ Yes
- ☐ No
- ☐ Don't know

60. Overall, how satisfied are you with the TRAINING OR EDUCATION phase of your plan?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

61. Would you recommend this program to other disabled veterans?

- ☐ Yes
- ☐ No

This column intentionally left blank.  
Continue with Question 62, page 9

- 63
- 62
- 61
- 60
- 59
- 58
- 57
- 56
- 55
- 54
- 53
- 52
- 51
- 50
- 49
- 48
- 47
- 46
- 45
- 44
- 43
- 42
- 41
- 40
- 39
- 38
- 37
- 36
- 35
- 34
- 33
- 32
- 31
- 30
- 29
- 28
- 27
- 26
- 25
- 24
- 23
- 22
- 21
- 20
- 19
- 18
- 17
- 16
- 15
- 14
- 13
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

**62. Do you have any additional comments concerning how VA could improve its Vocational Rehabilitation Program?** (To maintain confidentiality, please do not include your name, address, social security number, or any other identifying information.)

**Thank you for taking the time to complete this survey. Your answers are very important to us.  
Please place the questionnaire in the enclosed postage-paid envelope and return it to:**

Schulman, Ronca & Bucuvalas, Inc.  
8403 Colesville Road, Suite 820  
Silver Spring, MD 20910

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

**PLEASE DO NOT WRITE IN THIS AREA**

[SERIAL]

R

11

9

5